

	16-18	19-24
Residential		
Discretionary		

Access Course Bursary Application Form 2018/19

Please note that you must meet UK residency requirements to qualify for financial assistance

Please return completed application forms to the Finance Department by the 27 July 2018.

Title <input type="text"/>	Other <input type="text"/>	
Surname <input type="text"/>	Present Address <input type="text"/>	Term Time Address <input type="text"/>
First Name(s) <input type="text"/>		
	Post Code <input type="text"/>	Post Code <input type="text"/>
Date of Birth <input type="text"/>	Contact telephone number <input type="text"/>	
	National Insurance Number <input type="text"/>	
Do you live with a parent:		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/>
>>>> Please specify whether you live with another relative, or you are in foster care, or local authority care.		
Have you been permanently resident in the UK for the last three years, prior to starting your course at the College/University		
Yes <input type="checkbox"/>	<input type="text"/>	
No <input type="checkbox"/>		
>>>> Please Specify		

Declaration

The information I have given on this form is complete and accurate to the best of my knowledge and belief

Signed

Name

Date

The following section should be completed by your Parent or Legal Guardian

Does the applicant live with you?

Yes

☐

No

☐

Your Address

Postcode

Your Name

Telephone Number

How long have you live at this address?

What is the gross annual income of you and your partner?

(ie before National Insurance and tax deductions are made)

You

£

Your Partner

£

Are you and/or your partner in receipt of any kind of Social Security Benefit?

No

☐

Yes

☐

Please specify below

	Self	Partner	Both
Income Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jobseeker's Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working Families' Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled Person's Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incapacity Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe Disablement Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial Injuries Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled Working Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you in receipt of:

Housing Benefit?

☐

Council Tax Benefit?

☐

Name and address of administering local authority

Postcode

Telephone Number

Please provide a copy of your 2017/18 P60(s) and your March 2018 payslip (s) and Documentary Evidence to prove which Benefit(s) you receive.

Declaration

The information I have given on this form is complete and accurate to the best of my knowledge and

Signed

Name

Date

In the space below, please provide any additional information to substantiate and support your application: